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PLACE OF DEATH

County Gila
District Globe
Town Globe
Or City _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 428

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 33

Local Registrar's No. _____

No. Bounty Hospital St. _____
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Arthur P. Abbott

PERSONAL AND STATISTICAL PARTICULARS

SEX male Color or Race White SINGLE MARRIED
Black Chinese Japanese WIDOWED
or DIVORCED

DATE OF BIRTH unknown 191...
(Month) (Day) (Year)

AGE 63 yrs. mos. days If less than 1 day, hrs. or min.

OCCUPATION
(a) Trade, profession or particular kind of work miner
(b) General nature of industry, business, or establishment in which employed or (employer) _____

BIRTHPLACE (State or country) London England

NAME OF FATHER _____

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (State or county) England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

PLACE OF BURIAL OR REMOVAL Globe Ariz DATE OF BURIAL OR REMOVAL 2-12-1913

UNDERTAKER J. J. Miller ADDRESS Globe Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8th 1913
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 8 1913 to Feb 8 1913; that I last saw him alive on Feb 8 1913 and that death occurred on the date stated above at 7 P.M. The DISEASE or INJURY causing Death was as follows: General debility

(Duration) yrs. mos. days

Was disease contracted in Arizona? yes

If not, where? _____

CONTRIBUTORY Chronic Alcoholism

all his life

(Signed) C. B. Wiley

2-11-1913 (Address) Globe Ariz

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death... yrs. mos. ds. In Arizona... yrs. mos. ds.

Former or Usual Residence _____

Filed Feb 12 1913 B. G. Fox

Local Registrar

Filed Mar 5 1913 B. G. Fox

County Registrar